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for All:

EARLY CHILDHOOD DEVELOPMENT

MEETING BASIC LEARNING NEEDS

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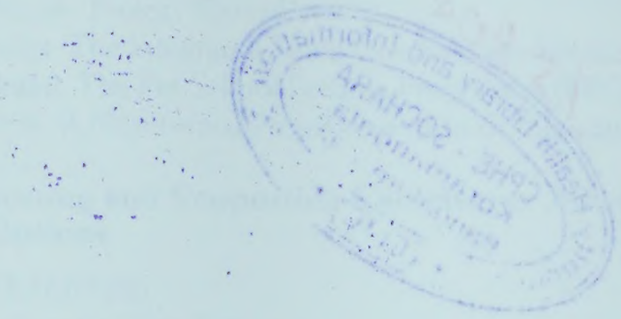
MEETING BASIC LEARNING NEEDS

through

Programmes of Early Childhood Care and Development



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BY

THE CONSULTATIVE GROUP ON EARLY CHILDHOOD CARE AND DEVELOPMENT

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PROGRAMMES OF EARLY CHILDHOOD CARE AND DEVELOPMENT

1 Meeting Basic Learning Needs through Programmes of Early Childhood Care and Development

7 Why Invest in Early Childhood Development: Eight Arguments

9 Six Complementary Programme Approaches

10 A Centre-based Approach: Advantages, Cautions and a Range of Options

EXAMPLES:
Colombia: Homes of Well-Being
Nepal: Project "Entry Point"
India: The Integrated Child Development Services (ICDS)
Brazil: The Pre-School Feeding Programme (PROAPE)
Peru: A Non-formal Programme of Initial Education (PRONOEI)

16 Educating and Supporting Caregivers: Advantages, Cautions and a Range of Options

EXAMPLES:
Indonesia: Two Initiatives
Jamaica: Child-to-Child
China: Parent Schools
Thailand: Development and Nutrition
Chile: Parents and Children Programme (PPH)

22 A Research Review and Summary of the Effects of Early Childhood Interventions on Progress and Performance in Primary Schools

26 First Steps Video information

Meeting Basic Learning Needs Through Programmes of Early Childhood Care and Development

EARLY CHILDHOOD CARE AND DEVELOPMENT: A DEFINITION

Children do not just grow in size. They develop, evolve, and mature, mastering ever more complex understandings of the people, objects and challenges in their environment. There is a general pattern or sequence for development that is true of all children. However, the rate, character and quality of development varies from child to child. Culture influences development in different ways, and the goals for children differ from culture to culture.

Early Childhood Care and Development (ECCD) refers not only to what is happening within the child, but also to the care that child requires in order to thrive. For a child to develop and learn in a healthy and normal way, it is important not only to meet the basic needs for protection, food and health care, but also to meet the basic needs for interaction and stimulation, affection, security, and learning through exploration and discovery.

ECCD activities are those which support young children appropriately and seek to strengthen the environments in which they live. ECCD includes working with parents to strengthen parenting skills, working with siblings and other family members to recognize the specific developmental needs of younger children, working to provide or strengthen day care options and other forms of early childhood education, as well as striving to bolster the community in its economic, physical, and moral support of families and young children.

Why Invest in Programmes of Early Childhood Care and Development as Part of a Basic Education Strategy?

Before you can build a house, it is necessary to lay foundation stones to support the entire structure. Before a child enters primary school, a similar foundation must be laid. Embedded within their family, their community, and their cultural values, very young children (from birth to six) need to be supported in the development of the physical, mental, and social abilities that will enable them to survive and thrive in later years. The successful education of the child during its years of schooling depends to a great degree upon the foundation stones laid during the pre-school years.

Learning begins at birth. In the early years, children learn fundamental skills and develop in ways that are crucial to the success of their future education and indeed the rest of their life. They learn to walk and coordinate their movements. They learn to talk, acquiring relatively sophisticated language skills. They learn basic thinking skills, as well as the ability to connect thought to language to action. They develop self-control and self-confidence (or a sense of failure). They learn how to relate to others and what behaviour is culturally acceptable. They develop (or suppress) their sense of curiosity.

Scientific findings from a variety of fields have demonstrated that support of early development yields rich benefits not only in immediate ways for the child and its parents, but also over time in terms of the child's ability to contribute to the community. Interventions in the early years of childhood offer an extraordinary opportunity to avoid or moderate learning problems, and to bring lasting benefits to individuals and society.

For individuals, areas where early intervention can have an impact include:

1. BRAIN DEVELOPMENT. During the first two years critical brain structures develop that affect children's

ability to learn. If the brain develops well, learning potential is increased and the chances of failure in school and life are decreased. Programmes that provide proper nutrition and promote stimulation of a child's senses enhance the structure and organisation of the brain.

2. NUTRITION, HEALTH AND THE ABILITY TO LEARN. Children with consistent, caring attention are better nourished, less apt to be sick, and learn better than children who do not receive such care. Neglected children are more prone to sickness and malnutrition and are less equipped and motivated to learn. Programmes that support families and teach them how to provide consistent, healthy care are helping children develop the readiness to participate in school and the community.

For society the benefits of early childhood interventions include:

1. INCREASED ECONOMIC PRODUCTIVITY. Interventions that support young children's physical and mental capacities lead to increased enrollment and improved progress and performance in school. School performance in turn is linked to increased economic productivity.

2. COST SAVINGS. Of particular importance within the EFA context, **early childhood investments can reduce costs and improve the efficiency of primary schooling.** Children who are better prepared physically, mentally and socially for school have an easier transition from home to school. Therefore, dropout and repetition rates are lower and the need for remedial programmes is reduced, cutting costs. Effective early childhood programmes can bring *cost savings in areas other than education:* health care costs can be cut through preventive measures in programmes which help reduce disease and accidents; the social costs of delinquency and related problems are cut as children stay in school longer; and absenteeism is reduced when parents, assured of proper care for their children, can devote their time to the job.

3. REDUCTIONS IN SOCIAL AND ECONOMIC INEQUALITIES. Investments in early childhood development have been shown to modify inequalities rooted in poverty and social discrimination by giving children from so-called "disadvantaged" backgrounds a "fair start" in school and in life. Studies suggest that these children benefit more from early intervention programmes than their more-privileged peers.

4. BENEFITS TO THE GIRL CHILD. Through early childhood programmes girls have an opportunity both to improve their abilities and to show what they are capable of doing. Studies from diverse cultures show that girls who participate in early childhood programmes are more likely to attend and continue in school. They are better prepared for school and parents change their expectations, allowing girls to continue their education for longer periods.

5. STRENGTHENED VALUES. Transmission of the social and moral values that will guide all of us in the future begins in the earliest months of life. In societies where there is a concern that crucial values are being eroded, a strong incentive exists to find ways in which those values can be strengthened. Early childhood programmes can assist in that effort by strengthening the resolve and actions of parents and by providing environments within which children can play and give attention to culturally desirable values.

6. SOCIAL MOBILISATION. In many locations, political and social tensions make it extremely difficult to mobilise people for actions that will be to their own benefit. In such circumstances, focussing a programme on young children as a point of common interest and an entry point for action can be an effective rallying strategy.

7. COMMUNITY AND FAMILY BENEFITS. Community improvements in health, sanitation and nutrition that benefit children are also likely to benefit parents, families and the community at large. These community and family benefits are evidenced by parents' improved self-confidence, the emergence of leaders, and by increased organisation and social action in communities. Early childhood programmes can also benefit families by freeing women and older siblings from constant child care responsibility so they can learn and seek better employment and earnings.

In sum, the benefits of investing in early childhood care and development can be extraordinarily high.

It was because of the overwhelming evidence that children's early years are so key to future successes that in the *Declaration and Framework for Action* the World Conference on Education for All challenged countries to include in their plans for the 1990s: "**Expansion of early childhood care and development activities, including family and community interventions, especially for poor, disadvantaged and disabled children.**" (Paragraph 8)

It is evident from the above examples and the wording of the challenge, that support for young children does not merely refer to establishing preschools. It refers to all the activities and interventions which address the needs of young children and help strengthen the contexts in which they are embedded, including the family, the community, and the physical, social, and economic environment. This is a very different way of thinking about education, and basic educational strategies than is conventional when discussing the needs of primary and secondary students.

What is the Basis for Action?

The benefits listed above and the World Conference call to meet basic learning needs of young children are not just a theoretical wish-list. There are a variety of programmes from countries all around the world which can serve as models. A great deal is known about how young children learn, and simple and proven technologies are available that can make a significant difference in young children's lives.

1. THERE IS A WEALTH OF PROGRAMME EXPERIENCE. Over the last two decades a wide range of effective and financially feasible model programmes have demonstrated their ability to promote integrated care, development and learning in the early years. These programmes embrace a range of approaches, addressing diverse constituents such as: parents, community workers, policy-makers, law-makers, and the public at large. Many of these approaches are complementary. They include:

- working with parents and other caregivers to improve their parenting practices
- promoting child-focussed community development;
- delivering services for children in centres organised outside the home or in a home-based situation;
- strengthening national resources and capacities for programme planning, organisation and implementation;
- strengthening public demand for and awareness of ECCD;
- developing national child care and family policies and supportive legal and regulatory frameworks.

In the Forum, case studies will be provided of programmes that focus on parental education, on community-based and non-formal pre-school centres, and on integrated home day-care programmes. Brief descriptions will also be made available of experiences that use alternative approaches such as: adding in an early childhood development component to existing health, nutrition or women's credit programmes, working through home visits with a "cartoon curriculum," working with upper primary school children in a child-to-child programme, and teaching groups of mothers to teach their children. Lessons learned from these and other programmes help show how to adapt programmes to local conditions and how to handle constraints, including cost and financial constraints. The examples can be adapted easily to various conditions.

2. A GREAT DEAL IS KNOWN ABOUT HOW YOUNG CHILDREN DEVELOP AND LEARN AND WHAT CAUSES DELAYS. It is not necessary to wait for further research to provide new knowledge. For instance:

- It has been amply proven that development and learning occur as children interact with people and objects in the environment. Therefore, adults can foster learning and development by making the environment more supportive. That involves creating a healthy setting, and providing space, materials, and opportunities to help children learn through play, whether at home or elsewhere. It involves enabling parents as well as other caregivers to encourage, nurture, stimulate, talk to and play with their children.
- Children learn and develop better if they are actively involved in the learning process. It is important for them to have opportunities to construct their own knowledge through exploration, interaction with materials and imitation of role models. Opportunities for active involvement should abound, whether at home in everyday chores or in more organised settings outside the home.
- It is now well understood that physical, mental, social and emotional development and learning are related and that progress in one area affects progress in the others. Therefore, programmes need to address a child's physical, mental and social-emotional development simultaneously in holistic and integrated ways.

These principles of learning have been embodied successfully in many early childhood programmes. It is important to note that these principles are equally applicable to children throughout their schooling experience.

3. SIMPLE AND PROVEN TECHNOLOGIES CAN BE APPLIED WHICH OFFER GREAT BENEFIT. Many techniques for working with young children have been codified, tested, and proven to be effective. Training models incorporating these early childhood technologies have been developed and used successfully in a variety of settings. Many of these are easy to use, inexpensive, and make a dramatic difference in the health and welfare of young children.

In most countries there is no need to "re-invent the wheel" or start from zero to promote the development of young children. Many efforts to support children and families exist, sometimes in a small grass-roots project, sometimes within the context of health or other services, sometimes as part of private, non-governmental efforts to improve community life. Often what is needed is an effort to strengthen existing services, disseminate or publicise the lessons learned from small-scale successful programmes, and a willingness to promote and support the integration of services between governmental departments and non-governmental organisations.

Resource materials are available that offer plentiful information on working with young children and understanding their developmental needs, training caregivers, addressing health needs, promoting parent involvement, stimulating grass-roots community involvement, coordinating efforts between agencies and sectors, and identifying support networks and financial resources locally and nationally. Often these materials can be provided by in-country NGOs already working to promote the welfare of young children. In addition, many international funding agencies can serve as resources to national groups wishing to stimulate early childhood care and development activities in their country.

Responding to the EFA Call for Early Childhood Programmes

As each country seeks to identify ways to expand its ECCD activities in response to the EFA call to action, it is entering into a process of: i) assessing what is already done within their country to support families and young children; and ii) looking at ways to strengthen and supplement those resources. There are several ques-

tions which it is useful to address in order to ensure that ECCD activities will be appropriate and effective.

1. How can we reach children and families who are most in need? Reaching the children and families living in conditions that put them "at risk" is a major challenge for programmes of early childhood development and learning. Embedded in this challenge is a need to develop appropriate diagnostic and assessment systems to identify children at risk, a need to create appropriate "interventions" to help these children, and then a need to follow the progress of the children to assess the effectiveness of the support efforts.

2. How can parental and community participation be obtained to ensure programme quality and to bring benefits to parents and communities as well as children? It is important to recognise and acknowledge the role which parents can play. Then they should be involved in the development of the programme, beginning with the planning process through to the evaluation as well as in financing and operation. This will ensure programmes which are culturally sensitive, meaningful, and sustainable.

3. How can we improve attention to the development and learning of children during their first two years? During these crucial years development is closely tied to health and nutrition and children are usually at home. ECCD programmes for children in the first two years must take a holistic approach, including attention to mental, social, and physical development, and should address themselves more to parental education than centre-based approaches.

4. How can multi-sectoral programmes be created? Given the integral nature of early development and learning, a piecemeal approach to early development does not work well. Although governments and other institutions are often organised by sectors, making integration difficult, there are programme examples demonstrating how to provide a holistic experience. Some programmes integrate a learning and psychosocial development component into primary health care and into programmes of supplementary feeding and growth monitoring. Others incorporate health and nutrition components into pre-school, child care, parental education and community-based programmes.

5. How can the diverse learning environments of home and school be brought into greater compatibility? The learning environment in schools usually differs from that in homes or in early education programmes. For many children the shift from the native language or idiom used at home to the national language used at school, and the shifts in activities, expectations, level of formality, and rules of conduct are so radical that they are unable to make the transition and experience success. In order to support young children in making a transition from home to school it is important that early childhood programmes continue to work with young children in a way that recognises and responds to their developmental needs and readiness and are not tempted to use the programme to 'prepare' children for formal school.

It is not just homes and children which need to be made ready for school; schools also need to adjust to the children they receive. In light of what is known about the developmental processes of young children, it would seem appropriate for primary schools to adapt some of the more informal, flexible and active child-centred teaching methods used in early education.

6. How can programme coverage be extended on a large scale? Often successful models are found in small grass-roots experimental projects. Difficulties are encountered when these successful initiatives are adopted for national application. Rather than assume one model can be adopted nationally, there is an alternative way to define going to scale. National coverage can be achieved by linking a range of local and regional efforts that have a common goal but different strategies for reaching that goal. At the same time it is a challenge to devise ways to monitor and evaluate diverse efforts, to ensure for certain baseline goals and standards of implementation to be achieved.

7. How can the costs of programmes be kept manageable? Many low-cost and effective alternatives are available. One option is to incorporate early childhood development actions into on-going programmes

of adult education, regional development, child care, health, nutrition, etc. This strategy avoids the need for expensive new infrastructure. Although not without cost, experience shows that such integration can be efficient and produce a synergism that benefits the original programme. Perhaps the most important strategy for meeting costs and extending the financing base is to develop partnerships among parents and communities, governments, non-governmental organisations and other organisations. Such collaboration appears to be the key to sustainability as well as to financing.

A Call to Action

Early childhood development is the first point on the continuum which represents basic education across the life-span. Acceptance of the fact that ECCD is the foundation stone on which all further development is built means it should be a high priority. For a relatively small investment of effort and funds programmes that meet basic learning needs can be expanded or increased, yielding significant long-term benefits.

There is already a sound knowledge base of technologies and technical support available and a variety of appropriate models. What is called for now is the political will and the financial commitment which are crucial if the 21st century is to avoid the human wastage which has been the tragic characteristic of the 20th century.

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Why Invest in Early Childhood Development: Eight Arguments

A SCIENTIFIC ARGUMENT. Scientific research demonstrates repeatedly that the early years are critical in the development of intelligence, personality, and social behaviour. There are long-term effects associated with a variety of early intervention programmes.

A HUMAN RIGHTS ARGUMENT. Children have a right to live and to develop to their full potential.

A MORAL AND SOCIAL VALUES ARGUMENT. Through children humanity transmits its values. That transmission begins with infants. To preserve moral and social values — or to change them for "the better" — one must begin with children. Values such as living together harmoniously or appreciating and protecting the environment begin to take hold in the pre-school years and can be promoted through child care and development programmes.

AN ECONOMIC ARGUMENT. Society benefits economically from investing in child care and development through increased productivity of children, by freeing caregivers to earn and learn, and by saving social costs in such areas as school repetition, juvenile delinquency and the use of drugs.

A SOCIAL EQUITY ARGUMENT. By providing a "fair start," it is possible to modify distressing socio-economic and gender-related inequities. The girl child can be a particularly important beneficiary.

A SOCIAL MOBILISATION ARGUMENT. Children provide a rallying point for social and political actions that can help to build consensus and organisation for the common good.

A PROGRAMME EFFICACY ARGUMENT. The success of other programmes (for example, survival programmes emphasizing health and nutrition, or primary school education, or women-in-development programmes) can be improved by incorporating an element of early childhood care and development focussing on healthy mental and social development. This is because sound psycho-social development increases the chances of survival, makes educational programmes more efficient by reducing repetition, and supports programmes focussed on the productive role of women.

CHANGING SOCIAL AND DEMOGRAPHIC CIRCUMSTANCES. The increasing survival of vulnerable children (14 of 15 children born worldwide now survive to age 1, vs. 5 of 6 in 1960), changing family structures and childrearing practices, rural-urban migration, and growing participation by women in the paid labour force are increasing the need and demand for more and better and different ways to care for and insure the well-being of young children.

Some of these arguments will be more relevant to one situation than to another, but all are potentially important in any setting. Taken together, they provide a compelling case for making a heavy investment in programmes to improve care and enhance development in the early years. Both knowledge of the child development process and examples of concrete programme experience are available to be drawn upon to create and operate such programmes. What remains is for enlightened leaders to make the commitments that are needed for action.

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Six Complementary Programme Approaches

1. ATTENDING TO CHILDREN

The immediate goal of this centre-based, direct approach, focussing on THE CHILD is to enhance child development and learning by attending to the immediate needs of children in centres organised outside the home. These centres serve as "alternative" environments for both care and development.

2. SUPPORTING AND EDUCATING CAREGIVERS

This approach focusses on FAMILY members and is intended to educate and enable parents and other family members in ways that improve their care for and interaction with the child. This enriches the immediate environment in which the child is developing.

3. PROMOTING COMMUNITY DEVELOPMENT

Here, emphasis is on working to change COMMUNITY conditions that may adversely affect child development. This strategy stresses community initiative, organisation and participation in a range of inter-related activities, directed toward improving the physical environment, knowledge and practices of community members, and the organisational base allowing common action and "empowering" the community.

4. STRENGTHENING INSTITUTIONAL RESOURCES AND CAPACITIES

The many INSTITUTIONS involved in the early childhood field need adequate financial, material and human resources to do a proper job. Programmes within this complementary strategy might involve institution-building, training, provision of materials, or experimentation with innovative techniques and models (improving the available "technology"). This strategy should include attention to non-governmental as well as governmental organisations.

5. STRENGTHENING NATIONAL COMMITMENT

National commitment is expressed in the LEGAL, REGULATORY, AND POLICY FRAMEWORKS provided for dealing with young children and families; and in the processes established to plan and implement programmes. Accordingly, commitment can be strengthened through such activities as reforming a national constitution, passing new laws, establishing national committees, and incorporating an early childhood dimension into regular planning processes.

6. STRENGTHENING DEMAND AND AWARENESS

This programme approach concentrates on the production and distribution of KNOWLEDGE in order to create awareness and demand in the population at large and to promote social participation. This approach is directed toward affecting the broad cultural ethos that affects child development.

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Attending to Children: Centre-Based Approaches

ADVANTAGES

- Centres provide a recognised space for children in communities.
- Grouping children facilitates protection, health care and nutritional monitoring. Direct attention allows programme implementers to know whether a child is actually receiving various elements of care.
- For children ages 3 to 6, centres provide a kind of social interaction that is needed and is not available in many homes.
- Attention to children in centres can free up mothers and other caregivers to earn and learn.
- Centres provide visibility that is useful politically, both to get programmes going and to sustain them. They can also serve as rallying places for parents and the community.

CAUTIONS

- Attention outside the home can result in conflicts between the home and the alternative environment (at an individual level, or in terms of the different values being promoted). Therefore, centers should seek to involve parents, both to make cultural accommodations and to socialize parents (see below). If a child returns to a home that is very different from the centre, then "advances" made in the centre may not continue.
- In some cases, families abrogate responsibility, giving it over to the centre.
- Grouping children can increase the chances of exposure to communicable diseases.

A RANGE OF MODELS

- Formal pre-schools
- Non-formal child development centres (See Indian and Peruvian examples)
- Home day care (See Colombian example)
- Cooperative programmes (See the Nepalese example)
- Within other programmes such as nutrition (See Brazilian example) or credit to women (see Nepalese example)

Homes of Well-Being

The Colombian programme of "Homes of Well-Being" is a large-scale, community-based response to the problems of malnourishment and delayed development that plague many of the country's 5 million children under the age of seven. In this programme, children from ages one and seven are cared for in groups of about 15 children in homes located within their own neighborhoods. While meeting directly the care and development needs of the children, the programme also seeks to improve a community's economic base by providing paid employment to neighborhood caregivers, by freeing other women to seek (or upgrade) their employment, and by directing funds to local businesses for economic activities related to the home day care (e.g., improving homes, supplying food).

Since its start in 1987, the programme grew in five years to cover approximately 800,000 of the 1,700,000 children that it is expected will eventually participate. Funding for the programme comes from a payroll tax levied on all Colombian businesses. Some additional support, for an evaluation and for nutritional supplementation, has been provided through a loan from the World Bank. The cost per child per year is estimated at about US$130.00.

This is a community-based programme. Community members participate in an initial analysis of the communities' needs for services, taking into account children's ages, family income and employment, and physical and environmental variables. (If services are needed that the programme cannot provide, links are made to other organisations that can assist.) The community also determines the number of homes of well-being that will be necessary to meet children's needs and selects local women to become home day care mothers. Local management is the responsibility of a board consisting of parents who are responsible for purchases and payments to the community mothers.

The main responsibility for coordinating the programme falls to the Colombian Institute of Family Welfare (ICBF). Also participating are the Ministry of Public Health, the National Apprenticeship Service, the Institute of Territorial Credit (which provides low-cost loan funds for the up-grading of homes), and other government and private organisations. Children are given "scholarships" which are used to pay the home day care mother.

Day care mothers receive training in the care and development of children as well as in family and community relationships, and in nutrition and health. Once trained, each woman cares for neighborhood children in her own home, for approximately 8 hours per day. In many of the homes, assistance to the home day care mother is provided each day by one of the mothers whose children are in the home — on a rotating basis. In other cases, an older daughter in the family is called on or a neighbor is hired to help out. Care consists of providing children with the conditions necessary to foster their health and their physical, psychological and social development.

An extensive evaluation of the programme carried out in 1992 indicated that the programme has had a significant effect on the psycho-social development of the children and that approximately 20 percent of the mothers improved their employment situation. A reduction in accidents was associated with participation in the program. The nutritional status of the children did not improve significantly suggesting a need to improve the community purchasing system, work on nutritional habits of the parents, and to attack the problem of nutrition at an earlier age.

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Project "Entry Point"

Taking its name from the Nepali word meaning "first door into an important place," the Entry Point programme is unusual for its joint attention to the child care needs of working women (families) and the developmental needs of young children. The setting for the project is rural Nepal where more than 42 percent of the population is estimated to live below the poverty line and where the infant mortality rate is above the national average of 102 (1991) per 1000. Women play a major economic role in the sustenance of the family farm which produces approximately 80 percent of the families average annual income. They are also engaged in a range of informal income generating activities.

Recognising women's economic role and their need for credit, the government initiated a programme of Production Credit for Rural Women. The goal of the credit scheme was to support activities that would simultaneously generate income and improve conditions in the community, including levels of health, nutrition, and literacy. As the project took shape, it became clear that working women (because society continued to assign them responsibility for the upbringing of children) needed an alternative arrangement for child care. "Entry Point" was born, both to free women's time for economic activities and to improve the well-being of their children.

To obtain and guarantee repayment of credit, the Credit programme asked that the women organise themselves into small groups of five or six. These groups of women also became the unit for organising day care. Within the group, women agree to share responsibility for taking care of their young children in their homes, and on a rotating basis, each woman taking the children into her home for one day of each week. In 1989, approximately 54 groups of mothers in 11 districts were in operation, and an estimated 1,700 children were participating in the home day care arrangements.

All women in the group receive an intensive course at the village level. Each group is provided with a basic kit of materials containing cooking utensils, plates, cups, a bucket, a jug, personal hygiene products, a rug, two dolls, three puppets, a ball and a drum. Besides this basic kit, nine different kits are now in use. Neighbouring groups exchange materials periodically so that children can be exposed to a wide variety of toys and play materials. Since the majority of the women are illiterate, pictures of different activities are used in the curriculum and training that has been provided by an innovative Nepalese non-governmental organisation. Training emphasizes the importance of mothers as caregivers and teachers, and aims at building up women's confidence in their ability to manage and run the programme regularly. The quality of the mother-child interaction changes due to increased knowledge and confidence between them.

A pressing demand for training — beyond the capacity to meet the demand — suggests the project is successful because others also want to start similar programmes. A variety of factors seem to contribute to this success including the power of group support, a decentralised planning process involving community definition of needs, a comprehensive curriculum, and on-site training which respects traditional practices while incorporating new information. Success has occurred in spite of difficulties related to Nepal's difficult geography, the need to follow-up initial training, and occasional conflicts between traditional and child-centered approaches to childrearing.

Because the care is provided by local women on a rotating basis, the operating cost to the Government of this project is very low.

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INDIA

Integrated Child Development Services (ICDS)

Beginning in 1975 with 33 projects, the Integrated Child Development Services has grown to 1962 projects (205,452 centres) in 1992, reaching about 12 million children under 6 years of age. The overall goals of the programme are: to provide a comprehensive range of basic services to children, to expectant and nursing mothers, and to other women aged 15-45; to create a mechanism at the village level through which the services can be delivered; and to give priority to India's low-income groups, including the under-privileged tribes and scheduled castes. The specific objectives of the ICDS programme are to:

- lay the foundations for the psychological, physical, and social development of the child;
- improve the nutritional and health status of children, 0 to 6;
- reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- enhance the capability of mothers to look after the needs of the child; and
- achieve effective coordination among agencies and departments involved in child development.

The integrated package of ICDS services works through a network of Anganwadi (literally, courtyard) Centres, each run by an Anganwadi Worker (AW) and helper, usually selected from the local village. The AW undergoes a three-month training in one of the more than 300 training centres run by voluntary and governmental agencies. Responsibilities of the AW include: non-formal pre-school education, supplementary feeding, health and nutrition education, parenting education through home visiting, community support and participation, and primary maternal and child health referrals. Support is provided to the AW by a supervisor (1 per 20 AW) and a Child Development Programme Officer (1 per 5 supervisors) who is directly responsible for implementation and management of each ICDS project.

The ICDS programme utilises existing services of diverse governmental departments and of voluntary agencies. Overall administration lies with the Department of Women and Child Development within the Ministry of Human Resource Development. The annual unit cost per child per year was estimated at approximately US$10.00.

Although the programme often operates at a minimum level of quality it has nevertheless had important effects on the under-six population. For instance, a review of nearly 30 studies of the nutritional impact reveals nearly unanimous results documenting a positive outcome. A 1984-86 comparative study done in a number of locations showed ICDS/non-ICDS infant mortality rates of 67 vs. 86 in rural areas and 80 vs. 87 in urban areas. In a comparative study of effects on schooling, one researcher found that those with ICDS background had a higher primary school enrollment rate (89 vs. 78 percent), were more regular in primary school attendance, had better academic performance and scored significantly higher on a psychological test (Raven Colour Matrices), than non-ICDS children. Furthermore, the difference in enrollment rates was accounted for by differences among girls. In another study, it was found that primary school dropout rates were significantly lower for ICDS than for non-ICDS children from lower and middle caste groups (19 vs. 35 percent for lower castes and 5 vs. 25 percent for middle castes).

The ICDS, the largest programme of its kind, illustrates the power of political commitment to achieve significant rates of coverage in an integrated programme of attention to children ages 0 to 6, with important effects on health and education and at a reasonable cost per child.

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BRAZIL

Programa de Alimentacao de Pre-escolar (PROAPE)

Integrated attention to the educational, health, and nutritional needs of young children can be a cost-effective investment. In Brazil, an innovative programme involving urban families living in marginal economic conditions, paid for itself by reducing repetition significantly in the first years of primary school.

PROAPE, funded under a nutrition loan from the World Bank to the Brazilian government, began in 1977 as a pilot project in the State of Pernambuco and, in 1981, was extended to another 10 states of Northern and Northeastern Brazil, using several adaptations of the pilot project. The PROAPE model involves bringing children ages 4 to 6 together in centres during weekday mornings in groups of about 100 children for a snack and for supervised psycho-motor activities. A health component is also included involving check-ups, vaccinations, dental treatment and hygiene and visual examinations.

The children are attended by a combination of trained personnel and participating family members. In the original model, one certified professional was assisted by six community members. In one state, Alagoas, the centres were run by three trained para-professionals called "estagiarias", who receive help from parents. The estagiarias are paid 70 percent of a minimum salary for their morning's work.

One evaluation of the PROAPE programme revealed that the combined repetition and drop-out rate for PROAPE vs. non-PROAPE children was 39 percent vs. 52 percent in the first grade and 27 percent vs. 44 percent in the second. The total cost of schooling (including pre-school PROAPE) services) per second-grade graduate was calculated at about 11 percent less for students who had been in the PROAPE programme than for those who had not been in PROAPE. The programme paid for itself.

In the Alagoas case, evaluation data showed a similar result: 73 percent of the children from PROAPE passed the first grade (in 1982) vs. only 53 percent of the children without any pre-school experience. This was so despite the fact that the PROAPE children attended for only 78 days. In this case, the combined pre-school and primary school cost per first grade graduate for PROAPE children (including PROAPE costs) is 17 percent lower than for a child with no pre-school experience.

Although the PROAPE model was shown to work in a cost-effective manner and can be used as an example for others to adapt to their own circumstances, the PROAPE programme is no longer functioning. One explanation that has been given for its demise is that it was formalized out of existence. The Ministry of Education which took a leading role in the programme did not easily incorporate a non-formal alternative into its operations and slowly adapted the non-formal community-based model to a more formal preschool, creating formal preschool classrooms of 30 children each with a trained preschool teacher. This suggests that the continuity of a programme may be determined by conditions that have little to do with a favourable cost-benefit programme ratio.

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PERU

A Non-Formal Programme of Initial Education (PRONOEI)

In 1967, a nutrition education project for mothers was begun in several villages in highland Peru in the Department of Puno where the infant mortality rate was then greater than 150 and malnutrition was widespread. The project, initiated by volunteers from a regional university, evolved into a community programme that included daily cooking of mid-morning snacks for children, ages 3 to 5, gathered together for several hours each weekday morning. From this cooking programme, a non-formal pre-school emerged that was intended to help the children to develop mentally and socially, and to prepare them for schools. Five years later, as part of a major educational reform, the government extended this small-scale community-based model, launching a major child care and development initiative in the Department of Puno. Since then, the community-based non-formal model has spread widely throughout Peru, offering an alternative to more expensive pre-school centres.

In each PRONOEI centre, or "Children's House" as they are called, approximately 30 children, ages 3 to 5, are attended during the morning by an "animator." Mothers of participating children take turns cooking the morning snack. Food is provided through an international programme, supplemented by local contributions. The pre-school teachers, who were called "animators," are provided with training and periodic supervision. A general curriculum, based on Piagetian principles, has been adopted to regional differences.

Participating in the PRONOEI model are both rural and urban children, although the programme is found primarily in rural villages. At present, approximately 8,000 PRONOEI centers are functioning.

Community participation takes several forms: provision of a site (and often construction of a building) for the children's house; selection of the "animator" who is paid a gratuity but is essentially serving the community as a volunteer; provision of some food; and management of the centres through a parent committee. In some cases, income generating projects have been created as part of the programme.

An in-depth evaluation of the PRONOEI in 1985 showed that PRONOEI children were socially and intellectually more prepared for primary school than a comparison group of similar children who had not participated in the PRONOEI. The difference appeared despite the minimum quality of many of the centres. The advantage provided to the children through the pre-school programme did not seem to be retained as children moved through the primary schools, presumably because of the low quality of primary schools. The evaluation also indicated that the presence of pre-schools affected the kinds of topics dealt with at community meetings.

The per-student cost of the programme to the government (not counting the major contributions made by the local community) amounted to about US$ 28.00 per child per year. This was less than one-half the cost of the alternative formal pre-school programmes. The government cost is covered from normal budget allocations to education.

The PRONOEI experience suggests that effectiveness at low cost can be achieved and sustained over time in a relatively large scale non-formal pre-school programme with community participation. It also suggests that there is a need to consider the pre-school and primary school programmes together in order to maximise the effectiveness of both.

REFERENCE:

Myers, et.al. "Pre-school as a Catalyst for Community Development: An Evaluation Report," prepared for the United States Agency for International Development, Washington, D.C., January, 1985.

Educating and Supporting Caregivers

ADVANTAGES

- Both caregivers and children can benefit
- Family responsibility can be reinforced
- Existing programmes can be better utilised
- Improvements in child development can be sustained
- An "integrated" approach (health, nutrition, and education) can be fostered
- Broad coverage can be achieved at relatively low cost

CAUTIONS

- To be effective, parental education should be TIMELY
- Education and support must be CULTURALLY APPROPRIATE, reinforcing what people know that is positive while adding to their knowledge
- To be effective, the process of transferring knowledge must provide for INTERPERSONAL EXCHANGE in groups and for mutual support.
- Parental education is NOT A PANACEA, but is one among several complementary strategies

A RANGE OF ALTERNATIVES

- Home visiting (See Indonesian Example)
- As a form of Adult Education (See Chinese example)
- Through Child-to-Child programmes (See Jamaican example)
- Within other programmes, such as nutrition (See Thailand and Indonesian examples) or literacy or health
- By using the communications media (See Chilean example)
- As part of a general community development strategy (See Chilean example)

Two Initiatives: The Kaders and the PANDAI projects

An extensive network of community-based programmes in population, health and nutrition has grown up in Indonesia over the last 15 years. These programmes and their organisational structures have provided a base for the introduction of early childhood development programmes designed to enhance the mental and social development of children under five years of age.

In 1982, in conjunction with periodic weighing of young children and the distribution of food, the Bina Keuarga and Galita (BKG) project, initiated by the Associate Ministry for the role of Women, began working to bolster the knowledge, awareness and skills of mothers and other members of the family, thereby enabling them to provide a more appropriate development for their young children. Field workers — women chosen from the communities being served — were provided with training in child development and in methods for working with adults. Usually, these women, known as "kaders", were chosen because they had been successful in promoting the development of their own children — in spite of adverse circumstances that put their children, as well as others in the community "at risk" of delayed development or debilitation. These community workers organised workshops at the nutrition centers where mothers would participate in group discussions, share experiences, make (and borrow) toys (from a toy-lending library), and agree upon particular activities that they could carry out at home (e.g., ways to use the toys made, talking to the children at bath time).

In 1986, an Indonesian research project on childrearing practices pointed to a number of practices detrimental to health and/or development and identified some traditional practices that were positive and needed to be reinforced. Based on this research, the PANDAI project was established, complementing the BKG initiative described above. (PANDAI is at once an acronym for words meaning child development and mother's care and an Indonesian word which means "clever" or "smart.") This project involves home visiting by volunteer kaders who work with parents and other caregivers to improve their attention to and interactions with children. Visits are made two times per week. Health, nutrition and mental and social development issues and practices are discussed using a "cartoon curriculum." The cartoons provide a message but do not require literacy. Mothers are taught to monitor the psychosocial development of their children using a simple, specially-developed scale and instrument.

These two projects illustrate an approach to child health, nutrition and development based on local practices, calling upon skills of "successful" local caregivers, and bringing together several components for their simultaneous impact on child survival and development.

REFERENCE:

Satoto, and N.D. Colletta, "A Low-cost Home-based Intervention Using a Cartoon Curriculum. The Indonesian 'PANDAI' Project," A paper prepared for the International Conference on Early Childhood Education and Development, Hong Kong, July 31 - August 4, 1989. Semarang, The Medical School, UNDIP, July, 1989.

Child-to-Child

Child-to-child programmes are designed for children who are usually between the ages of 8 and 15 and who are often, at one and the same time, caretakers of younger siblings, future parents, communicators of information to their parents and other caretakers, and community members, capable of improving conditions affecting health and development. The Jamaican Child-to-Child programme is a school-based programme directed specifically at improving the knowledge and caretaking practices of primary school children, ages 9 to 12, and through them, the knowledge of parents or guardians.

Begun in 1979 on an experimental basis in only one school by the Tropical Metabolism Research Unit (University of the West Indies), the programme was extended to 14 schools where an evaluation showed it to be well-received. Materials were carefully tested for comprehension by both children and their parents, and changes were made.

The curriculum provides information about health, nutrition, psycho-social development and dental care. Children are taught how to make toys and how to help younger children play with them so as to encourage the younger child's development. Immunisation lessons deal with the purpose of immunisation, the diseases that can be prevented, and the times when immunisation should be done. The action-oriented curriculum includes role play, group discussions, demonstrations, drama and song, as well as toy-making. Most of what is imparted in a Child-to-Child programme is already contained in the curriculum of the primary school — in material from biology and the social sciences. Adding some emphasis, relating the knowledge to activities and presenting materials in a new, interesting and participatory way, however, can bring major benefits.

An evaluation of the pilot programme showed that children improved significantly in their knowledge of all areas. In addition, the knowledge of parents and guardians improved as did their encouragement and support of play with younger children. Teachers also improved their knowledge of health and development and were introduced to new forms of teaching.

When all costs of the project directed to children in the 14 schools were estimated (teacher's salaries for the partial time devoted to Child-to-Child, training costs, supervision, materials, curriculum development and production of a curriculum package, and evaluation), the cost per child per year was approximately US$ 15.00 per child (or about one-third of a minimum wage). As the initial development costs are spread out over many more children with expansion of the programme, the per child cost is reduced considerably. The "per child" costing does not take into account that parents and teachers also benefit. If that were done, the resulting "per person" cost would be lower.

The Child-to-Child curriculum is now incorporated into the regular primary school curriculum for the entire country. In the process, parts of the pilot curriculum were rewritten and topics were dispersed throughout the regular curriculum so that the programme no longer retains its specific identity. Moreover, the "active learning" part of the curriculum has been weakened, as has the initial training of the teachers in this methodology and the specific content of the Child-to-Child programme. Accordingly, this example shows, on one hand, the potential benefit of a Child-to-Child approach, the possibility for such a programme to "go to scale", and on the other hand both the importance and difficulty of maintaining key elements of the programme as it is extended to the entire population of primary school children.

REFERENCE:

Knight, J. and S. Grantham-McGregor. "Using Primary School Children to Improve Child-rearing Practices in Rural Jamaica." **Child: Care, Health and Development**, No. 11 (1985), pp. 95-113.

Parent Schools

A parental education initiative, begun in 1985 in the People's Republic of China resulted, by one 1989 estimate, in organisation of 200,000 "Parent Schools." The rapid growth reflects, at least in part, parental concerns about how to deal with children in the one-child family. The purpose of the programme is to assist parents by empowering them with knowledge. The programme growth also reflects the convening power of the All China Women's Federation (ACWF) at the community level. The ACWF is organised at five levels, including the community level.

Educational content for the programme varies from place to place, based on local needs and resources. Topics are determined by the findings of an inter-sectoral group (health, nutrition, child development, education and others) brought together by the ACWF, locally, to define existing research, identify local resources and define needs of parents and children. Specialists or staff from local institutions provide up to eight sessions for parents over a term. In support of, and sometimes in addition to, the local curriculum and materials, general materials related to child development are provided by the Women's Federation. These materials include such documents as the Chinese version of "Facts for Life" produced by UNICEF.

Most of the parent schools are attached to kindergartens, primary schools, middle schools, or hospitals. In addition, some communities provide programmes for newlyweds or potential parents. In some cases, libraries have been set up in a special room in the base institution where parents can come to read and study in between meetings. Participants are given a parenting education certificate if they have participated in all or most of the meetings.

The costs of mounting this programme are primarily costs of people's time rather than monetary costs. Time is given by the ACWF members for organisation, by local experts for diagnosis and presentations and by participants who take the courses. All of these time contributions are voluntary. The monetary costs are restricted to developing and distributing materials. In brief, from the standpoint of the government, this is a very low-cost project.

REFERENCE:

"Chinese Parents Go Back To School," **People**, Vol. 14, No. 4 (1987), p. 25.

Integrated Nutrition and Community Development Project

Analyses by the Ministry of Health in Thailand pointed to three major constraints to significant reduction in the level of protein energy malnutrition (PEM) in infants and preschool children: 1) the inadequate coverage of the health system, 2) the lack of community awareness of the problem, and 3) the inadequate multi-sectorial input into the nutrition programme. Studies had shown also that, by themselves, income-generating projects did not necessarily have an impact on the problem. Accordingly, the government, in 1979, introduced a programme of community-based primary health care together with a programme of growth monitoring, accompanied by a supplementary food programme and nutrition education, all within a national plan for poverty alleviation.

Within this broad framework, the Institute of Nutrition at Mahidol University carried out a nutrition education project that was directed toward families with the most vulnerable infants and pre-schoolers. An important part of that nutrition education was a psycho-social component focussing on caregiver-child interactions and on improvements in the physical and social environment surrounding the child.

As a basis for the project, childrearing attitudes and practices were studied. A number of nutritional and social taboos were discovered that were not beneficial to the child. For instance, a misbelief about colostrum and early suckling was associated with failure to begin breastfeeding immediately following birth. In addition, it was found that few mothers recognized the visual or auditory abilities of a baby at birth. Mothers displayed little awareness of their own capacity to make a difference in their child's development by making use of existing resources to create a more nurturing environment.

With these practices in mind, a series of five interactive video was created. One of the five was specifically oriented toward child development, aimed at creating maternal awareness of her child as an individual with early perceptual ability, and at recognising the importance of play and of mother-child interaction in that play and in supplementary feeding. A second video compared two 15-month old boys, one malnourished, the other normal, identifying behavioural as well as nutritional differences. Health communicators in each village, who served as distributors of supplementary food, were trained in the use of the videos which were presented several times in each village.

On the basis of interviews with mothers of under-two children, and of observations in the home, evaluators of the project concluded that maternal knowledge about, and attitudes toward infants' ability to see were significantly more positive after seeing the videos. More open cradles were found during home visits. More colostrum was given. The results suggest that visual messages provided a way that permits discussion, can bring about significant changes in childrearing beliefs and practices.

This project illustrates how both nutrition and psycho-social education components can be incorporated into a national programme of growth monitoring and targeted supplementary feeding with good results, using a method that does not depend on literacy and taking into account local practices.

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The Parents and Children Programme (PPH)

The general and interrelated objectives of PPH are: 1) enhanced child development, 2) personal growth of adults, and 3) community participation. To achieve these goals, weekly meetings are organised in participating rural communities in the Osorno area of Southern Chile (originally 50 communities, now approximately 200). The meetings are timed to coincide with a radio broadcast over a local radio station which uses radio dramas and other devices to pose a problem and to stimulate discussion.

Discussions at the meetings centered, originally, around different aspects of the up-bringing of children. Topics include how to help children learn to talk, to read, and to count; human relations in the family; nutrition and how to make the best use of food supplies; food preservation; alcohol abuse. These topics have broadened to include questions related directly to earning a livelihood. Materials related to each theme supplement the radio presentation of the problem. The discussions, which are led by a local "promotor" chosen by the community, lead to suggestions and plans for community action in the various areas.

Within the project, the child development goal is also promoted through pre-school exercises for children in the form of worksheets. These worksheets are designed to enhance perception, thinking skills, use of symbols, creativity, curiosity, and the motivation to learn. Parents go over the materials in their meeting, then take them home for the children who (sometimes with the help of adults) complete the worksheets to be taken back to the next weekly meeting.

Assisting the development and implementation of the PPH are staff members of a non-governmental organisation (The Centro de Investigación y Desarrollo de la Educación). CIDE works closely with the local radio station.

An evaluation of the programme has shown positive effects on the children, on their parents, and on the community at large. Children participating in PPH score better on readiness tests and do better in school than those who have not participated. The evaluation identified changes in adult attitudes and perceptions, evident from their descriptions of the project itself, the way they spoke about changes, the ease with which they reached agreements, and their ability to act on conclusions. The basic change identified was from "apathy" to participation in constructive activities as a sense of self-worth was strengthened.

The cost per child per month of the programme was calculated as US$6.38. A high-quality kindergarten was costed at six times that amount and the cost of a low-quality day-care centre at double the amount. A minimum wage was five times the monthly cost. If the calculation is made on a per-person basis (rather than a per-child basis), the cost amounted to US$1.62 per person per month. These costs do not count time donated by the community. In brief, community participation brought both benefits and lowered costs.

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A Research Review and Summary: Effects of Early Childhood Interventions on Progress and Performance in Primary School

The following conclusions emerge from a review of 19 studies from 12 developing countries tracing children who have been involved in an early intervention into primary school. Each of the studies included a comparison group.

1. Programmes designed to improve health, nutrition and the psycho-social condition of children in their preschool years can affect significantly children's development and their readiness for school.
2. Better prepared children will be more likely to attend school and to perform at a higher level than less well prepared children; they will also be less likely to repeat grades and to drop out.
3. Through reductions in repetition and dropout rates the efficiency of school systems can be improved.
4. Effects can favour children who are at a disadvantage because of their economic circumstances, gender, or social background.
5. Improved readiness for school does not always translate into improvements in school progress and performance because of the poor quality of primary schools. (Therefore, lack of a relationship between early intervention and school variables does not necessarily indicate that an early intervention is ineffective).
6. The mechanisms producing improved enrollment, progress and performance appear to reflect some combination of earlier age of enrollment (which regularises progress through the system), improved school readiness related to improved health and nutritional conditions, improved cognitive skills and changes in parental expectations regarding the ability of their children and/or the importance of schooling.

Evidence from the United States

In the 1960s evaluations of a series of small-scale experimental programmes and of "Headstart" concluded that positive effects on the IQ of participating children "washed out" by the time children reached the second or third grade of primary school. This conclusion has not held up over time, as children have been followed further in their lives and as the outcome criteria have been broadened beyond effects on IQ. In the late 1970s and early 1980s, a set of evaluations appeared looking at children in early or late adolescence and showing that participation in well-implemented early childhood education programmes can have significant long-term effects on progress through the school as measured by promotion, need for special education and high school completion. Interpretations of these outcomes have focussed on the importance of parental involvement, on the quality of the programmes provided, and on changes in the attitudes and perceptions which result from participation on the part of the child, the parents, and primary school teachers. In one such study (the Perry Pre-school Project), a benefit-to-cost ratio was calculated showing that social and individual benefits from the pre-school programme exceeded costs by a factor of 7 to 1 when children reached the age of 19 years.

Evidence from Developing Countries

As encouraging as these results have been, their generalisability to developing countries can be seriously questioned. However, evidence is beginning to accumulate from studies carried out in Latin America, Asia and Africa. This evidence results from studies done both within the nutrition and health community (4 studies) and studies by educators and social scientists (15 studies). Of the 19 studies reviewed, 10 contained comparative information about enrollment, 14 about school progress and 14 about school performance — almost invariably restricted to the first 3 years of primary school.

ENROLLMENT. In two studies there was a negligible effect on enrollment; in one all children enrolled; and in three studies programme children enrolled at a higher rate (in two of which that was accounted for by increased enrollment of girls). Six studies indicated that the age of enrollment was earlier for programme children. This finding was not related to subsequent progress and performance, but it is reasonable to assume that earlier age of entry regularises the child's passage through the system and could have an effect on the level of dropout.

PROMOTION, REPETITION, DROP–OUT. Of the 4 nutrition studies, 3 showed an improvement in school progress for programme children; 1 failed to find a difference. Of the 10 education studies including relevant information, 7 showed a positive difference in promotion rates for programme children; 3 showed no effect. In some cases, the differences in promotion were rather dramatic. For example, in a Brazilian study (PROAPE), only 9% of the programme children repeated first grade vs. 33% for others. This cost savings in primary school more than paid for the cost of the early intervention.

ENROLLMENT. Of the 14 studies reporting on academic performance, 8 indicated that children from early intervention programmes performed better; five found a negligible difference or none at all, and in one (Morocco) positive effects were found in a rural, but not an urban context.

READINESS OF SCHOOLS FOR CHILDREN. This body of research and evaluation provides little insight into whether schools are "ready" for children or not, in terms of their availability, their quality, and their adjustment to the condition of the child at entrance. Only in the cases where there did not seem to be a continuing effect of an early childhood programme was the school looked to as a possible explanation why this did not occur.

Suggestions for Policy and Programming

The personal and social costs of a poor transition from home to school are such that improving that transition should be a high priority.

To improve the transition, programmes must be established that work simultaneously on improving the preparation of children for school and the preparation of schools for children. That means crossing the traditional bureaucratic line that usually separates "pre-school" from "primary school."

Crossing traditional bureaucratic lines might be helped by creating a unit within Ministries of Education with responsibility for programming related to children from, let us say, 3 years of age to age 8 (or even birth to age 8). This multi-disciplinary unit might include individuals with expertise in health, nutrition, education, psychology and community development. Under the auspices of an inter-ministerial committee, this unit might be staffed with personnel "loaned" from other ministries, with the understanding that each of these persons would serve as a liaison with the loaning ministry. The activities of this unit could include, for example:

- The development of parental education programmes that could be linked to pre-school and/or primary school through parents' committees or other community organisations.
- The integration of childrearing content into on-going adult literacy programmes.
- The placement of pre-schools and primary schools near to each other, enabling primary school children to bring siblings to the preschool and to return home with them at the end of the day. In addition, the primary school curriculum might incorporate a child-to-child component in which older primary school children were not only encouraged to take child care messages home but were also required to participate as helpers in the attached preschool, as part of their school activities.
- Oversee the adaptation of methods and activities in the first grade of primary school to the needs of the entering children, making these first years closer to the active learning approach that is often characteristic of both homes and preschools.

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First Steps Video

First Steps was prepared for the EFA Forum: The Second Meeting, held in New Delhi 8-10 September, 1993. This lively presentation argues that learning begins at birth and that the first formative years of life are crucial in the development of a individual's ability to learn throughout life. To ignore the needs of children before they enter primary school is to jeopardize the success of educational outcomes in formal school systems. Including early childhood programmes in the *Education for All* strategy will lead to higher returns on the investment in formal education and therefore make financial as well as educational sense.

The video has been prepared by the Aga Khan Foundation for the EFA Coalition of organisations supporting early childhood care and development (ECCD) including:

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Consultative Group on ECCD
Fundación Romulo Betancourt
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Copies of the video may be obtained at cost plus mailing charges by writing to:

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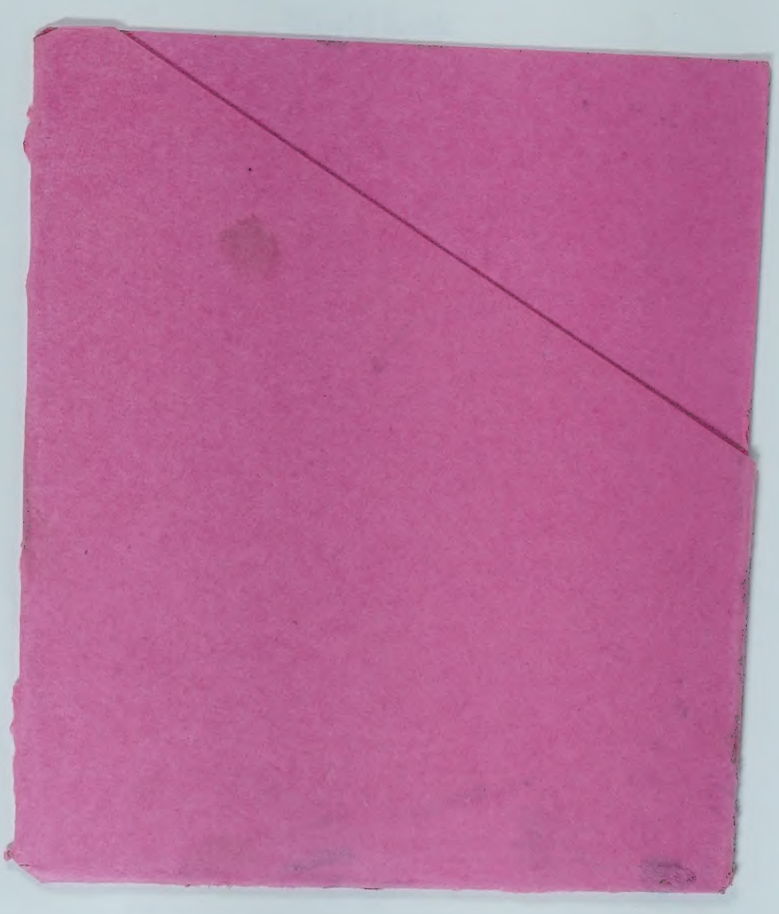

THE CONSULTATIVE GROUP
ON EARLY CHILDHOOD
CARE AND DEVELOPMENT

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